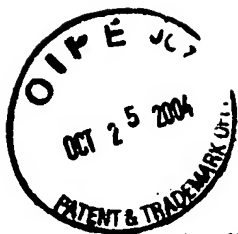


IPW



Attorney Docket No.: 0020-3 CIP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	James J. O'Connor	Group Art Unit:	2859
Serial No.:	10/652,115	Examiner:	Mirellys Jagan
Filed:	August 30, 2003		
For:	ELECTRICIAN'S MEASUREMENT APPARATUS AND METHOD OF USE		
Docket No.:	0020-3 CIP		

Bedminster, N.J. 07921
October 22, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

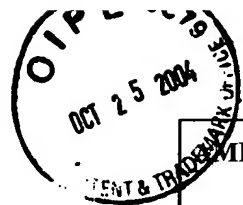
Sir:

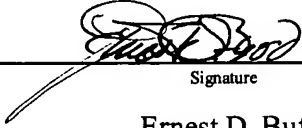

AMENDMENT UNDER 37 CFR 1.111

In response to the Office Action dated August 19, 2004, kindly amend the above-identified application as follows:

Amendments to the Claims are set forth in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.



AMENDMENT TRANSMITTAL LETTER				ATTORNEY'S DOCKET NO.: 0020-3 CIP		
SERIAL NUMBER: 10/652,115		FILING DATE: August 30, 2003		EXAMINER: Mirellys Jagan		GROUP ART UNIT: 2859
INVENTION: ELECTRICIAN'S MEASUREMENT APPARATUS						
INVENTOR(s): James J. O'Connor						
TO THE ASSISTANT COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.						
CLAIMS AS AMENDED						
(1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) NO. OF EXTRA CLAIMS PRESENT	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	3	MINUS	20	0	X \$9	0.00
INDEP. CLAIMS	1	MINUS	3	0	X \$42	0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0.00
<p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p><input type="checkbox"/> No additional fee is required.</p> <p><input type="checkbox"/> Charge \$ _____ to Deposit Account No. _____. A triplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The undersigned petitions for any extension of time for filing this document required under 37 C.F.R. 1.136 and submits a check for \$ _____ to cover the extension fee _____. A triplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> Charge any additional fees to Deposit Account No. 01-1125</p> <div style="display:flex; justify-content:space-between; margin-top:20px;"><div><u>October 22, 2004</u> Date</div><div> Signature</div></div> <div style="display:flex; justify-content:space-between; margin-top:10px;"><div><u>(908) 901-0220</u> Phone</div><div><u>Ernest D. Buff</u> Attorney Name</div></div> <div style="display:flex; justify-content:space-between; margin-top:10px;"><div></div><div><u>25,833</u> Reg. Number</div></div>						
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on <u>October 22, 2004</u>.</p> <div style="display:flex; justify-content:space-between; margin-top:20px;"><div></div><div> (Signature)</div></div> <div style="display:flex; justify-content:space-between; margin-top:10px;"><div></div><div><u>Ernest D. Buff</u> Attorney of Record</div></div> <div style="display:flex; justify-content:space-between; margin-top:10px;"><div></div><div><u>October 22, 2004</u> (Date)</div></div>						